

# Qualification Statement



## Compass Public Charter School

1) Submittal Date: \_\_\_\_\_

2) Applicant (Firm/Company) Name:  
\_\_\_\_\_

3) Telephone Number: \_\_\_\_\_

4) Fax Number: \_\_\_\_\_

5) Website Address:  
\_\_\_\_\_

6) Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Shipping Address (Fed Ex):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Main Contact  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

9) Federal Employer ID No. (FEIN): \_\_\_\_\_

10) Year Present Firm Established: \_\_\_\_\_

11) Annual Sales - last fiscal year: \$ \_\_\_\_\_

12) Annual Sales - last 5 years average: \$ \_\_\_\_\_

13) Type of Organization:  
\_\_\_\_ Individual/Sole Proprietorship  
\_\_\_\_ Professional Corporation/Association  
\_\_\_\_ Corporation State \_\_\_\_\_  
\_\_\_\_ Joint Venture\* License #: \_\_\_\_\_  
\_\_\_\_ Partnership \*Licensing State: \_\_\_\_\_  
\_\_\_\_ Other\*

14) Total Number of Employees: \_\_\_\_\_  
15) Design/Build Capabilities:  
Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

16) Worker's Compensation Experience Modification Rate (EMR)? \_\_\_\_\_ If  
over 1.0 please provide 5 year history. 17) Does applicant have a safety  
program and written hazard communication  
program? Yes \_\_\_\_ No \_\_\_\_

18) Is the applicant certified as an:  
8a \_\_\_\_ SDB \_\_\_\_ HUBZone \_\_\_\_ ANC \_\_\_\_ NHO \_\_\_\_  
CDC \_\_\_\_ VBE \_\_\_\_ SDVO \_\_\_\_ WBE \_\_\_\_ MBE \_\_\_\_  
DBE \_\_\_\_ Tribally Owned \_\_\_\_ Other Native American Owned \_\_\_\_

19) Union Affiliations: Is applicant signatory with any labor unions? Yes \_\_\_\_ No \_\_\_\_

*(If yes, list union names and local numbers below)*

National Agreements: \_\_\_\_\_  
Local Agreements : \_\_\_\_\_

# Qualification Statement

20) **List Principal Owners:**

*(Attach as many sheets as necessary)*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

21) **List Key Personnel:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_  
Brief Resume: \_\_\_\_\_

# Qualification Statement

22) **List Bank and five credit/trade references (minimum 5 year relationship):**

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Line of Credit Limit: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

# Qualification Statement

23) **Past Projects:** List a variety of projects completed over the past five years. A minimum of five projects must be listed.

Project Name & Location	Project Owner Name Phone Number	Project Cost and Total Square Footage	Project Completion Date
<hr/>			
		\$ _____ Sq.Ft. _____	
<hr/>			
		\$ _____ Sq. Ft. _____	
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		\$ _____ Sq.Ft. _____	
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		\$ _____ Sq.Ft. _____	
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# Qualification Statement

**24) Financial Statement Information:**

Audited Financial Statements are preferred for all applicants. Note: Firms which do not have Audited Financial Statements may submit reviewed statements. Small firms which do not have Audited or Reviewed Financial Statements may submit Compilations. However, the following information at a minimum is required in each category.

Alternate to Financial Statement: As an alternate to submitting a financial statement, or if you prefer you may contact Todd Miller our CFO to discuss directly. You can contact Todd at [toddmiller@boumausa.com](mailto:toddmiller@boumausa.com), if you need him to call you please let him know via email, and he will get back to you.

Audited Financial Statements for the last two fiscal years including:

- \* Auditor's Report
- \* Balance Sheets
- \* Statements of Income and Retained Earnings
- \* Statement of Cash Flows
- \* All footnotes to these statements

Reviewed Financial Statements for last two years including:

- \* Balance Sheets
- \* Statements of Income and Retained Earnings
- \* Statement of Cash Flows
- \* All footnotes to these statements

Compilations for last two years including:

- \* Balance Sheets
- \* Statements of Income and Retained Earnings
- \* Statement of Cash Flows
- \* All footnotes to these statements

**25) Dunn & Bradstreet Information:**

Num: \_\_\_\_\_ Rating: \_\_\_\_\_

**26) Insurance and Bonding:**

Identify insurance policies currently held by the firm. For each policy, name the following: policy limits, expiration date, carrier, agent, agent name, agent address, agent phone number. (Or provide sample insurance form(s) indicating required information)

Type of Insurance	Effective Date	Expiration Date	Agent Name, address and phone number
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Carrier Name and Policy Number

Policy Limits

General Liability

Professional Liability

Automobile Liability

Excess/Umbrella Liability

Workers Comp. and Employer's Liability

**27) Bonding Agent Name Address & Phone Number:**

**28) Bonding Capacity:** \$ \_\_\_\_\_ per job \$ \_\_\_\_\_ aggregate

# Qualification Statement

**29) Disclosure:**

- a) Within the past five years, has the applicant been owned by another company or firm?
- b) Have any principals listed in this qualification statement ever been indicted or convicted of a crime?
- c) Has any person or entity listed in this qualification statement ever been suspended, debarred or otherwise declared ineligible, by any agency of government, from contracting to provide services, labor, material or supplies?
- d) Has any federal, state or local government license, permit or other similar authorization necessary to perform the work applied for herein, and held or applied for by any person or entity listed in the qualification statement been suspended or revoked, or is the subject of any pending proceedings specifically seeking or litigating the issue of suspension or revocation?
- e) Are there currently any administrative, civil or criminal matters pending in federal, state or local government jurisdiction in which the applicant or its principals or key personnel are involved?
- f) Has the applicant, its affiliate or any of its principals or key personnel been a party to a bankruptcy or re-organization proceeding?
- g) In the past five years, has the applicant, or any affiliates:
  - 1) had a contract terminated?
  - 2) had liquidated damages assessed in connection with a contract?
  - 3) engaged in any litigation with regard to any contract?
- h) If yes was answered for any of the above questions, provide an explanation for each instance:

	YES		NO

**30) Certification:**

I being duly sworn upon my oath, hereby represent and state the foregoing information and any attachments thereto, to the best of my knowledge, are true and complete. I acknowledge that Bouma Construction is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with Bouma Construction to notify Bouma Construction in writing of any changes to the answers or information contained herein.

I, being duly authorized, certify that the information supplied in this Qualification Statement, including all attachments, is complete and correct to the best of my knowledge.

Sworn before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Name and Title (*print or type*)

Notary Public

(Notary Seal)

Signature

**31) Submittal:**

Firms interested in becoming prequalified by Bouma USA should submit one (1) fully completed and executed copy of this Qualification Statement to the following address:

**Bouma USA**

445 Pettis Suite 201  
Ada, MI 49301

Upon being prequalified by Bouma USA, applicant agrees to submit a completed Request for Taxpayer Identification Number, a Certification (IRS Form W-9), and a current Certificate of Insurance naming Bouma USA as the Certificate Holder and Additionally Insured Party for liability insurance. Qualification Statements will be kept on file for three years from the date of submittal.